Application Data Sheet

Application Information

Application number::

Filing Date::

February 27, 2004

Application Type::
Subject Matter::

Regular Utility

Suggested classification:: Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs:: Sequence submission?::

Computer Readable Form (CFR)?::

Number of copies of CRF::

Title::

Systems and Methods for Authorizing and Processing Reimbursements for Services Provided in the Collection of

Implantable Medical Device

Data

Attorney Docket Number:: 301131

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

6a

Total Drawing Sheets::

13

Small Entity?::

No

Latin name::

Variety denomination name::

Petition Included?::

No

Petition Type:

Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name:: Middle Name:: Ann M.

Family Name::

STAWSKI

Name Suffix::

City of Residence:: Circle Pines

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 120 Indian Hills Lane

City of mailing address:: Circle Pines

State or Province of mailing address::

Country of mailing address::

US

Postal or Zip Code of mailing address::

55014

Applicant Authority Type:: Inventor Primary Citizenship Country:: AU

Status:: Full Capacity

Given Name:: Timothy
Middle Name:: R. H.
Family Name:: PRATT

Name Suffix::

City of Residence:: Arden Hills

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 1390 Indian Oaks Court

City of mailing address:: Arden Hills

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Name::

Family Name:: FEARS

Name Suffix::

City of Residence:: Moundsview

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 8322 Knollwood Drive

City of mailing address:: Moundsview

State or Province of mailing address:: MN Country of mailing address:: US

Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Karen

Middle Name::

Family Name:: ROGALLA

Name Suffix::

City of Residence:: Little Canada

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 3006 Vanderbie Street

City of mailing address:: Little Canada

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55117

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Rocco Middle Name:: E.

Family Name:: ROSSINNI

Name Suffix::

City of Residence::

St. Paul
State or Province of Residence::

MN
Country of Residence::

US

Street of mailing address:: 2377 Roselawn Avenue West

City of mailing address::

State or Province of mailing address::

MN

Country of mailing address::

US

Postal or Zip Code of mailing address:: 55113

Correspondence Information

Correspondence Customer Number:: 25764

Name::

Street of mailing address:: City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: Fax Number:: E-Mail address::							
Representative Information							
Representative Customer Number::		25764			:		
Representative Designation::		Registration Number::		Representative Name::			
Primary		40,647		Ch		ad S. Hilyard	
Domestic Priority Information							
Application:: Continuity		Type:: Pa		arent Application::		Parent Filing Date::	
		5-P-334-80 -878-					
Foreign Priority Information							
Country::	Application number:			Filing Date::		Priority Claimed::	
			-				

Assignee Information

Assignee name:: Cardiac Pacemakers, Inc. Street of mailing address:: 4100 Hamline Avenue North

City of mailing address:: St. Paul

MN

State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address:: US 55112

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